



**APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION COURSE
PROVIDER FOR HOME INSPECTORS**

FOR OFFICE USE ONLY			
Fee Amount:		Reviewed By:	
Date Fee Paid:		Date Registration Issued:	
Receipt Number:		Registration Number Issued:	
APPLICANT INFORMATION			
Name of Provider:		Daytime Telephone Number:	
Street Address:		City:	State: Zip Code:
Name of Provider Owner(s):	Address of Provider Owner(s):		E-Mail Address:
LIST OF COURSE INSTRUCTORS			
Please include a curriculum vitae for each instructor listed below.			
1. _____		2. _____	
3. _____		4. _____	
5. _____		6. _____	
SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION:			
1. Statement of Objectives: Each provider should have learning objectives and these should be made known to potential enrollees in your advertisements. How are you going to meet this requirement?			
2. Responsible Person(s) for Education: Who within your organization will be developing and implementing your educational program? What are the credentials of this person/these people?			

3. Maintenance of Records: It is required that providers maintain records for those who complete courses for a minimum of three (3) years. How do you propose to accomplish this?

4. Facilities: It is required that courses be administered in an environment conducive to learning. Where do you anticipate that you will be conducting its courses?

4. Program Evaluation: It is required that some sort of tool is available for course enrollees in which they can measure the quality and effectiveness of the course. How will you ensure course evaluation is adequate? If you have already created an evaluation form, please attach that form to this application.

5. Course Completion Record: It is required that course enrollees who successfully complete the course are given some tangible record of their attendance and completion. How will you provide this? If you have already created a certificate of completion, please attach that to this application.

APPLICATION AFFIRMATION

_____(Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot be registered as a provider at this time.

I hereby swear or affirm, under the penalties of perjury that the statements made on this application are true, complete and correct.

Signature of Applicant:

Date Signed:

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Kentucky Board of Home Inspectors, any files, documents, records, or other information pertaining to the named individual or organization requested by the Board or any of their authorized representatives, in connection with processing this application for approval of an organization to provide continuing education courses.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Kentucky Board of Home Inspectors to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Board or its representative, from any and all liability in connection with such disclosures.

I also agree to periodic monitoring of our programs at the discretion of the Kentucky Board of Home Inspectors.

I also acknowledge and understand that any information provided in this application that is found to be fraudulent, will be used to deny the application or if registration has been issued, revocation or suspension of the registration.

A photostatic copy of this authorization for release of information has the same force and effect as the original.

AUTHORIZATION	
Signature:	Date Signed:

Method of Payment: My application fee (**non-refundable**) of \$100 is enclosed. I have paid by (check one):

☐ Check (personal, certified or cashiers) made payable to “Kentucky State Treasurer”; or

☐ Credit Card

Name of Issuer: _____

Card Number: _____

Expiration Date: _____

Zip Code where billing statement is sent: _____

If paying by credit card, I hereby authorize payment from this account:

Signature of Applicant

**ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
OFFICE OF HOUSING, BUILDINGS AND CONSTRUCTION
KENTUCKY BOARD OF HOME INSPECTORS
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405
Telephone (502) 573-0373
Facsimile (502) 573-1059**

GENERAL INFORMATION AND INSTRUCTIONS

- There is a **non-refundable** one hundred dollar (\$100) application fee that must be submitted with this application paid either by check made payable to “**Kentucky State Treasurer**” or by credit card by completing the information contained on the application.
- Application must be made at least ninety (90) days in advance of any course being offered.

The approval, if granted, shall remain in effect for two years. A renewal application must be completed to remain an approved provider.

**AN APPROVED SCHOOL MUST MEET THE FOLLOWING CRITERIA
IN PROVIDING CONTINUING EDUCATION COURSES:**

- All applicants shall provide the name and address of the provider owner.
- All applicants shall provide a list of names of instructors who will be teaching the course and include evidence to indicate that these instructors have demonstrated competence in the area of home inspection education, including the instructors’ curriculum vitae.
- All applicants must provide a statement of objectives, which the course should achieve for its participants.
- All applicants shall provide a statement explaining how the provider intends to provide for the adequate administration of the course, including a responsible person to coordinate and administer the course and an explanation of how the applicant intends to provide for the maintenance of proper records.
- All applicants shall provide a statement indicating how the course curriculum will be planned and designed.
- All applicants shall provide an evaluation form devised and used to measure the course’s effectiveness.
- All applicants shall provide a statement indicating the manner in which the provider will provide its course participants a meaningful record of course completion.

The application, when completed, will be reviewed by the Kentucky Board of Home Inspectors at its next scheduled meeting.